

Case Number:	CM13-0069116		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2013
Decision Date:	05/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30-year-old female who reported injury on 10/22/2013. The mechanism of injury was a lifting injury. The documentation of 11/23/2013 revealed the injured worker had been participating in chiropractic treatment, physiotherapy, and therapeutic exercise. It was indicated the injured worker had shown slight improvement in range of motion and a decrease in pain. The diagnoses include lumbar spine sprain/strain, rule out disc bulge, thoracic spine sprain/strain, and cervical spine sprain/strain. The treatment plan included additional chiropractic care and physiotherapy 3 times a week for 2 weeks, and if the injured worker continued to improve, to continue treatments 2 times a week for 1 week, totaling 8 visits for the next 30 days. Additionally, the request was made for an MRI of the lumbar and cervical spine, as well as the right foot, and anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Medicine, Preface.

Decision rationale: Official Disability Guidelines recommend physical therapy for lumbar sprains and strains is 10 visits over 8 weeks. Additionally, they indicate, when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The clinical documentation submitted for review failed to provide the objective functional benefit that was received from prior therapy and the number of sessions that were attended. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 8 additional physical therapy visits for the lumbar spine is not medically necessary.